

IPE

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number MGH 1512 CIP

First Named Inventor Michael Detmar

COMPLETE IF KNOWN

Application Number 09 / 822,161

Filing Date March 30, 2001

Group Art Unit 1646

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DELIVERY OF THROMBOSPONDIN FROM IMPLANTABLE TISSUE MATRICES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/30/2001

as United States Application Number or PCT International

(if applicable).

Application Number 09/822,161

and was amended on (MM/DD/YYYY)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/127,221	03/31/1999	
60/178,842	01/27/2000	

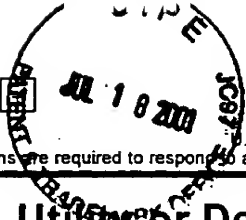
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MGH 1512 CIP

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OR ☒

Correspondence address below

Name Patrea L. Pabst, ARNALL GOLDEN GREGORY LLP

Address 2800 One Atlantic Center

Address 1201 West Peachtree Street

City Atlanta

State GA

ZIP 30309-3450

Country USA

Telephone 404-873-8794

Fax 404-873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Michael
(first and middle [if any])

Family Name Detmar
or Surname

Inventor's
Signature

Michael Detmar

Date 4/18/2002

Residence: City Arlington

State MA

Country USA

Citizenship DE

Mailing Address 87 Quincy Street

Mailing Address

City Arlington

State MA

ZIP 02476

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Joseph P.
(first and middle [if any])

Family Name Vacanti
or Surname

Inventor's
Signature

Date

Residence: City Winchester

State MA

Country USA

Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

City Winchester

State MA

ZIP 01890

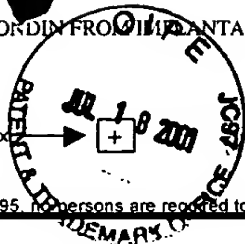
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Title: DELIVERY OF THROMBOSPONDIN FROM PLANTABLE TISSUE MATRICES

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Given Name (first and middle [if any])		Family Name or Surname	
Michael		Streit	
Inventor's Signature		Date	
Residence: City	Boston	State	MA
Country	USA	Citizenship	DE
Mailing Address 19 Snow Hill Street			
Mailing Address			
City	Boston	State	MA
ZIP	02113	Country	USA
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Antonia E.		Stephen	
Inventor's Signature		Date	
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Mailing Address Apt. 6			
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Name Patrea L. Pabst, ARNALL GOLDEN GREGORY LLP

Address 2800 One Atlantic Center

Address 1201 West Peachtree Street

City Atlanta State GA ZIP 30309-3450

Country USA Telephone 404-873-8794 Fax 404-873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Michael
(first and middle [if any])Family Name Detmar
or SurnameInventor's
Signature

Date

Residence: City Arlington State MA Country USA Citizenship DE

Mailing Address 87 Quincy Street

Mailing Address

City Arlington State MA ZIP 02476 Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Joseph P.
(first and middle [if any])Family Name Vacanti
or SurnameInventor's
Signature

Date

Residence: City Winchester State MA Country USA Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

City Winchester State MA ZIP 01890 Country USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Title: DELIVERY OF TROMBOSPONDIN FROM IMPLANTABLE TISSUE MATRICES

Filed: March 30, 2001

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State GA

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☐ A petition has been filed for this unsigned inventor

Given Name

Michael

(first and middle [if any])

Family Name

Detmar

or Surname

Inventor's
Signature

Date

Residence: City Arlington

State MA

Country USA

Citizenship DE

Mailing Address 87 Quincy Street

Mailing Address

City Arlington

State MA

ZIP 02476

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Joseph P.

(first and middle [if any])

Family Name

Vacanti

or Surname

Inventor's
Signature

Date

Residence: City Winchester

State MA

Country USA

Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

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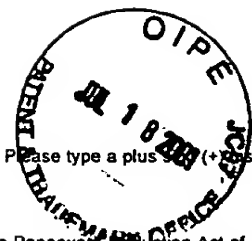
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Michael		Streit	
Inventor's Signature <i>Michael Streit</i>		Date <i>05/04/01</i>	
Residence: City	State	Country	Citizenship
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City Atlanta

State GA

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NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Michael
(first and middle [if any])Family Name Detmar
or SurnameInventor's
Signature

Date

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Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Joseph P.
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Signature

Date

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ZIP 01890

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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Filed: March 30, 2001

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PTO/SB/02A (11-00)

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
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Inventor's Signature		Date	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Antonia E.		Stephen	
Inventor's Signature		Date	
<i>Antonia Streit</i>		5/11/01	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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